

MIAMI-DADE COUNTY COMMISSION ON ETHICS AND PUBLIC TRUST

COMPLAINT PROCEDURE

Please type or print legibly, and attach additional pages if necessary

Name of Complainant					
Address					
City		State		Zip	
Home Phone		Work Phone			

Respondent Information. Provide the Name(s), title(s), department(s), and business address(es) and telephone(s) of the person(s) or entity(ies) who committed the alleged violation(s)

Type of Allegation(s). Check the appropriate box(es) below indicating the type of allegation(s) state in this complaint.

☐ Code of Ethics / Conflict of Interest

(Miami-Dade County code 2-11.1 (a)-(q), (t) and (u))

☐ Lobbyist Registration and Reporting

(Miami-Dade County Code 2-11.1 (s))

☐ Campaign Activities

(Miami-Dade County Code 2-11.1.1))

☐ Campaign Activities

(Miami-Dade County Home Rule Charter)

What other facts are you aware of which are not based on your personal knowledge?

Names and addresses of persons other than yourself (if any) who are or may be witnesses to the above described activities. (Attach additional sheet to this form if necessary)

[illegible]

Documents or other sources of information (if any) that relate to or are proof of the violation. Attach copies of documents to this form if available. (Attach additional sheets to this form if necessary.)

[illegible]

OATH

I, the person bringing this complaint, do depose on oath or affirmation and say that the facts set forth in the foregoing complaint and attachments hereto are true and correct to the best of my knowledge and belief.

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20__

by _____ . He/She is personally known to me or has
(Name of person making statement)

presented _____ as identification.
(Type of Id presented ex: State DL#, State ID Card#, ect.)

(Signature of Notary Public-State of Florida)

(Print, Type or Stamp Commissioned Name of Notary Public)